

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/05/2010
NAME OF PROVIDER OR SUPPLIER  U M C OF SOUTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 000	Initial Comments  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 3/4/2010 and finalized on 3/5/2010, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00024669 was substantiated with a deficiency cited (See Tag #092) Complaint #NV00024655 was substantiated with a deficiency cited (See Tag #514) Complaint #NV00023725 was unsubstantiated.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified:	S 000			
S 292 SS=D	NAC 449.361 Nursing Services  3. The nursing service shall have a sufficient number of licensed registered nurses, licensed practical nurses and other personnel to provide nursing care to all patients as needed. A sufficient number of registered nurses and other members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A person who is not a registered nurse may be assigned to care for a patient, if: (a) The extent of care provided by the person is consistent with his education and experience and is within his scope of practice; and (b) The person is supervised by a registered nurse while providing that care. This Regulation is not met as evidenced by: Based upon record review and interview, the	S 292	TAG S-292 How the facility will identify others having the potential to be affected by the deficient practice? Official visitors will not conduct business in direct clinical areas.  What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? The ED Staffing Plan for 2-19-10 met the defined staffing standards; the standard was jeopardized when an Official Visitor came to UMC on 2-19-10 and some ED Staff left their work area to meet with the Official. As an outcome of this event the following actions have taken place: 1) PI Department Staff reviewed with ED Leadership the patient records of the unattended patients for the short period of time during the Officials visits and there were no adverse patient		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

6VP111

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3/24/10

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Continuation sheet 1 of 3

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S 292	Continued From page 1  facility did not ensure that there were a sufficient number of Registered Nurses on duty at all times. Specifically, on 02/19/10, there were not enough Registered Nurses to care for patients staffed and present in the Medical Pod of the Adult Emergency Department for approximately 25 minutes. The staffing plan required 1 staff member for 3 patients. During that time period, there was 1 staff member for 9 patients.  Severity: 2 Scope: 1	S 292	<b>S-292 (continued)</b> outcomes; 2) Official Visitor Policy written, the draft policy is currently under review by Leadership. This policy provides limits & controls during visits by Official visitors. The primary consideration of the policy is patient safety.  <b>How will facility monitor its corrective actions?</b> Patient Care Advisory Committee to perform oversight as to appropriate staffing ratios.  <b>Responsible Person(s):</b> Senior Leadership  <b>Completion Date:</b> April 12, 2010 policy approval. The approved policy will be inserviced by Associate Administrator to Leadership within 7 days following approval April 19, 2010. Directors, Managers & Supervisors to be inserviced at the May 6, 2010 Improving Organizational Performance Coordinating Committee meeting.	Final Completion Date: 5-6-10
S 514 SS=E	NAC 449.379 Medical Records  5. A hospital must have a procedure for ensuring the confidentiality of the medical records of its patients. Information from or copies of medical records may be released only to authorized persons, and the hospital shall ensure that unauthorized persons cannot gain access to or alter the medical records of its patients. Original medical records may be released by the hospital only in accordance with state or federal law, court orders or subpoenas. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accountability system and follow its policy regarding recycling bin keys accountability.  Severity: 2 Scope: 2	S 514	<b>TAG S-514</b> <b>How the facility will identify others having the potential to be affected by the deficient practice?</b> The entire organization has the potential to be affected by this practice. The corrections will be implemented organization wide.  <b>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?</b> 1) An organization wide audit is being conducted with a survey tool designed to capture essential information regarding recycle bins. The audit and master list will be compiled by April 2, 2010. The data captured will be as follows: <ul style="list-style-type: none"> <li>• Department Area/Department</li> <li>• Number of bins and their exact location</li> <li>• Number of keys to the recycle bins in the dept</li> <li>• Location of the keys to the recycle bins</li> <li>• How the key(s) are secured</li> <li>• Who is authorized to use the keys</li> </ul>	

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S 514 SS=E		S 514	<p><b>S-514 (Continued)</b></p> <p>2) The policy reviewed during the survey Administrative Policy V2 - "Hospital Key Control Policy" did not address recycling bins. UMC Leadership is currently reviewing a draft policy specifically related to "Official Confidential Paper Disposal and Recycle Bins". The primary consideration of the policy is to protect confidential and protected health information against unauthorized access.</p> <p><i>How will facility monitor its corrective actions?</i> The Environment of Care Committee will monitor during scheduled rounds.</p> <p><i>Responsible Person(s):</i> Environment of Care Committee and Leadership</p> <p><i>Completion Date:</i> April 12, 2010 policy approval. The approved policy will be inserviced by the Associate Administrator to Leadership within 7 days following approval April 19, 2010. Directors, Managers, and Supervisors to be inserviced at the May 6, 2010 Improving Organizational Performance Coordinating Committee meeting.</p>	Final Completion Date: 5-6-10

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LAS VEGAS, NEVADA